Congress of the United States
House of Representatives
Washington, D.C. 20515

November 16, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C., 20201

Dr. Mehmet Oz
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

Re: Affordable Care Act Disenrollments and Agent and Broker Moratorium

Dear Secretary Kennedy and Administrator Oz:

We write to demand answers about recent actions taken by the Centers for Medicare & Medicaid Services (CMS) to disenroll Americans from their health care coverage. On September 22, 2026, *The New York Times* reported that CMS terminated enrollment for over 750,000 individuals—with over 400,000 additional people at risk of losing coverage.[1] Since then, the Trump Administration has refused to answer basic questions from Congress about its actions, how it protected enrollees from arbitrary terminations, and the impact its disenrollments have had on Americans' access to necessary care. The lack of transparency and accountability—along with reports of CMS already re-enrolling people who should not have had their coverage terminated—calls into question the validity of these disenrollments and its impacts on Americans seeking care.[2] Weaponizing fraud to justify cutting access to health care, demonizing immigrants, and destabilizing the Affordable Care Act (ACA) is simply unacceptable.

These actions come on the heels of Republicans cutting $1 trillion out of the health care system and politicizing fraud to target Democratic-led states. As a result, millions of people are left without health coverage or with sky-high costs, health care workers are being laid off, and clinics, maternity care centers, and hospitals are shuttering.[3, 4] For example, after CMS made outlandish allegations about New York's Medicaid program to justify a probe, the Administration

[1] https://www.nytimes.com/2026/09/22/us/politics/aca-obamacare-vance-fraud.html
[2] https://www.npr.org/2026/10/15/nx-s1-6002957/aca-fraud-trump-health-insurance
[3] https://www.kff.org/quick-insights/aca-marketplace-enrollment-is-down-by-3-million-after-big-jump-in-premium-payments/
[4] https://www.protectourcare.org/hospital-crisis-watch/

subsequently admitted that Dr. Oz and CMS used inaccurate data, including in public statements.[5] Now, the Trump Administration is rushing to purge Americans from their ACA plans reportedly with the help of AI, and forcing consumers that were wrongly terminated to navigate burdensome requirements and red tape to re-enroll in coverage.[6, 7] This haphazard approach—cutting first and asking questions later—leaves families and children to bear the brunt of the collateral damage. All the while, Trump continues pardoning health care fraudsters while Administration officials engage in rampant corruption.[8, 9] The days of the Trump Administration getting a free pass from a Republican Congress are over. As Democrats prepare to take the majority in January, we are demanding transparency into this decision and its impacts on the American people to hold this Administration accountable for its actions.

It is no secret that a few rogue and unscrupulous brokers have engaged in fraudulent activity in the Federally Facilitated Marketplaces. The Biden Administration cracked down on those brokers in 2024—suspending 850 of them "for reasonable suspicion of fraudulent or abusive conduct"—only to have Trump reinstate them months later.[10, 11] The Trump Administration has also made true anti-fraud work harder by raiding the fund that supports unbiased Navigators that help people enroll in coverage.[12] This is especially troubling given the Trump Administration's decision to cut funding for the Navigator program by 90 percent and sharply reduce outreach efforts to consumers.

With the 2027 Open Enrollment period already underway, CMS must let people purchasing coverage on their own enroll in the health plan that is right for them without more unnecessary red tape. To better understand CMS's decision to disenroll Americans from health coverage, we request that you respond to the following questions no later than December 7, 2026.

1. Please provide a full breakdown of the timeline and processes that led to CMS disenrolling over 750,000 individuals.
    a. Please provide a list of key dates and individuals associated with the disenrollments, including, but not limited to, the dates CMS began pursuing disenrollments, when it began identifying affected enrollees, when its outreach to plans began, and when disenrollments were finalized, and when beneficiaries were informed.
    b. Under what authority has CMS pursued these disenrollments?

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[5] https://www.pbs.org/newshour/politics/ap-report-trump-administration-admits-a-glaring-error-in-its-new-york-health-fraud-accusations
[6] https://www.npr.org/2026/10/15/nx-s1-6002957/aca-fraud-trump-health-insurance
[7] https://www.theguardian.com/us-news/2026/sep/25/trump-aca-health-insurance
[8] https://www.protectourcare.org/new-report-the-real-fraud-trump-pardoned-the-nations-biggest-health-care-fraudsters/
[9] https://www.citizensforethics.org/reports-investigations/crew-reports/how-trumps-corruption-is-harming-everyday-americans/
[10] https://www.cms.gov/newsroom/press-releases/cms-update-actions-prevent-unauthorized-agent-broker-marketplace-activity
[11] https://www.gao.gov/products/gao-26-108742
[12] https://www.npr.org/2026/10/07/nx-s1-5991687/trump-medicare-aca-payments-midterms

   c. What data and methods were used to determine the initial lists of potentially fraudulent enrollees sent to health plans? Please list the criteria used and how they were determined.
   d. How did CMS use artificial intelligence to identify individuals to disenroll?
   e. Which, if any, external experts did CMS consult in developing these methodologies and processes?
   f. What instructions did CMS provide to plans for validating and contacting enrollees? Was direct engagement with CMS (e.g., via the call center) considered?
   g. Were cancelations at the policy or enrollee level?
   h. What percentage of the enrollees were in a three-month period to resolve a data matching issue?

2. What analysis did CMS conduct to understand alternative explanations for an enrollees' lack of claims or communication with an issuer (e.g., high-deductible health plans or restrictive networks) before it began treating these characteristics as indicators of fraud?

3. How did CMS select the plans that would carry out its disenrollment effort, and was participation voluntary for those plans?

4. Please provide a breakdown, by insurer and by state, of the number of policies and individual enrollments for each of the following:
   a. Initially flagged by CMS as potentially "fraudulent";
   b. Initially sent to each insurer for review;
   c. Already canceled prior to CMS sending to each insurer for review;
   d. Verified by each insurer (and the number of verified enrollments CMS terminated); and,
   e. Terminated (including the number that were high-deductible health plan enrollments).

5. What processes are in place to ensure swift reinstatement of individuals wrongly cut off from coverage?
   a. What steps must consumers take to verify they were wrongly terminated?
   b. How many individuals have attempted to re-enroll in coverage after their policies were terminated? Of those, how many have successfully re-enrolled?
   c. What oversight is CMS conducting to ensure people who were wrongly terminated are swiftly re-enrolled?
   d. For enrollees that have been wrongfully terminated, what is the average and median time between termination of coverage and reinstatement?

6. Of the brokers or brokerage firms suspended by CMS:
   a. How many were initially suspended in 2024?
   b. Of those suspended in 2024, how many were subsequently reinstated in 2025?
   c. How many terminated enrollments were associated with the brokers or brokerage firms identified in subpart (b)?

7. Please provide a full breakdown of the timeline and processes that CMS is undertaking to verify the over 400,000 individuals still at risk of losing coverage.
    a. Under what authority is CMS pursuing these additional disenrollments?
    b. What data and methods were used to identify these remaining individuals? Please list the criteria used and how they were determined.
    c. What instructions did CMS provide to plans for validating enrollment?

8. Did CMS assess the risk of wrongful terminations (e.g., the potential for access to care disruptions) before proceeding with mass disenrollments? If so, what were the findings of that assessment?

9. To what extent is CMS sharing any immigration information obtained through these efforts to terminate coverage with Immigrations and Customs Enforcement (ICE) and the Department of Homeland Security? Are consumers notified that such information will be shared with ICE or DHS?

We request that your agency preserve all documents and communications that may be responsive to this topic, including all call records, memoranda, emails, text messages (including exchanges on Signal, WhatsApp, or similar platforms) concerning this request. Thank you for your prompt attention to this matter.

Sincerely,





Richard E. Neal
Ranking Member
House Committee on Ways and Means

Frank Pallone, Jr.
Ranking Member
House Committee on Energy and Commerce